

FORM F

Use for: Initial or reapplication for
board approved supervisor status

For Office Use Only
Budget #ZZ131
Fund # 165
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**TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS
APPLICATION FORM
FOR
BOARD APPROVED SUPERVISOR STATUS**

I. Applicant Information

Name: _____ License Category and Number: _____
Business/Employment _____
Name/Address: _____ Business Telephone: _____

Setting: ☐ Independent Clinical Practice ☐ Independent Non-clinical Practice (contract work)
☐ Employment setting

☐ Enclosed is the \$20 application fee for application for board approved supervisor status.

II. Proposed Supervision Settings

Note: By board rules, Licensees who are in approved supervisory status are qualified in the following supervisory settings: Please indicate your level of licensure, noting the range of supervision roles that you will qualified to provide, if approved:

Check one	License level/specialty recognition	Qualified Supervisory Roles
<input type="checkbox"/>	LCSW	Clinical Supervision for LCSW Non-clinical supervision toward Advanced Practice, Independent Practice Recognition, Supervision of Probationary Initial or Continued Licensure, Board Ordered Supervision for Probated Suspension, AMEC program
<input type="checkbox"/>	LMSW-AP	Non-clinical supervision toward Advanced Practice, Independent Practice Recognition, AMEC program
<input type="checkbox"/>	LMSW (IPR)	Non-clinical supervision toward Independent Practice Recognition, AMEC program
<input type="checkbox"/>	LBSW (IPR)	LBSWs only: Non-clinical supervision toward Independent Practice Recognition, AMEC program
<input type="checkbox"/>	LMSW	AMEC participants
<input type="checkbox"/>	LBSW	LBSWs only: AMEC participants

III. Qualifications to be a Supervisor (You must meet all qualifications.)

- ☐ Be a LBSW, LMSW, LCSW or LMSW-AP in good standing for a minimum of two years.
- ☐ Take professional responsibility for the social work services provided within the supervisory plan.
- ☐ Have completed a supervisory course acceptable to the board.
- ☐ Currently be engaged in the practice of social work and self-identified as a social worker.

IV. Documentation Attached

- ☐ Proof of completion of Supervisory Training Course acceptable to the board (See list of approved providers).
- ☐ Up to Date Social Work Employment History on TSBSWE Form I

V. Signature

I certify that the information I have provided on this form is true and correct to the best of my knowledge and belief.

I understand that it is my responsibility to ensure that before entering an agreement to supervise another licensee, I must ensure that the job duties constitute qualifying experience consistent with current rules defining the practice of social work being supervised. I also understand that it is my responsibility to be knowledgeable of current rules regarding supervision and practice and ensure that the supervision that I provide is consistent with board rules.

Signature _____ Date _____

Mail To:
Texas State Board of Social Worker Examiners
P.O. Box 12197, Capitol Station
Austin, TX 78711-2197

Revised 7/2014



With few exceptions, you have a right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. Most information submitted to the board is subject to disclosure under the Public Information Act. (Reference: Government Code, Sections 522.021, 522.023, 559.003 and 559.004)